

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

First State PAC

ADDRESS (number and street)

P.O. Box 3006

☐Check if different
than previously
reported. (ACC)

Wilmington

DE

19804

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00363648

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

23

2010

through

12

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Frank Bullock

Signature of Treasurer

Electronically Filed by Susan Frank Bullock

Date

01

31

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
First State PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	172509.92
(b) Cash on Hand at Beginning of Reporting Period	100764.42	
(c) Total Receipts (from Line 19)	15010.31	238610.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115774.73	411120.71
7. Total Disbursements (from Line 31)	67802.24	363148.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47972.49	47972.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

First State PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	6500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	6500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15000.00	224000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15000.00	230500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	6889.39
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10.31	221.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15010.31	238610.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15010.31	238610.79

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	20302.24	162148.22	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	20302.24	162148.22	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	196000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	5000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67802.24	363148.22	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67802.24	363148.22	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15000.00	230500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	225500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20302.24	162148.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6889.39
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20302.24	155258.83

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First State PAC

A.

Full Name (Last, First, Middle Initial)

Thermo Fisher Scientific Inc. PAC

Mailing Address PO Box 9046
81 Wyman StreetCity State Zip Code
Waltham MA 02454FEC ID number of contributing
federal political committee.**C** C00292318

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	1	0

Transaction ID: C19013161

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Federal Express Political Action Committee

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120FEC ID number of contributing
federal political committee.**C** C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	1	0

Transaction ID: C19015729

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

New York Life Insurance Company PAC

Mailing Address 51 Madison Ave.
Room 1109City State Zip Code
New York NY 10010FEC ID number of contributing
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: C19016359

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

First State PAC

A.

Full Name (Last, First, Middle Initial)

Wilmington Trust

Mailing Address 1100 North Market Street

City

Wilmington

State

DE

Zip Code

19890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

221.40

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: C19035969

Amount of Each Receipt this Period

10.31

* Interest Income

SUBTOTAL of Receipts This Page (optional)

10.31

TOTAL This Period (last page this line number only)

10.31

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Benchmark Strategies	Transaction ID: D446570 Date of Disbursement
Mailing Address 211 Uhler Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 4 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting Expenses & Travel Candidate Name	<div> <div>2266.17</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Diamond Strategies	Transaction ID: D446571 Date of Disbursement
Mailing Address 4633 Talley Hill Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 5 / 2 0 1 0</div> </div>
City Wilmington State DE Zip Code 19803	Amount of Each Disbursement this Period
Purpose of Disbursement Strategic Consulting Services Candidate Name	<div> <div>750.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: D446572 Date of Disbursement
Mailing Address 700 13th Street, NW Suite 600	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Legal & Accounting Services Candidate Name	<div> <div>541.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3557.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D446592 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 1 0</div> </div>
<hr/> Amount of Each Disbursement this Period <div>69.90</div> <hr/> <div> <div>Category/Type</div> <div></div> </div>	
B. Full Name (Last, First, Middle Initial) NGP Software, Inc. <hr/> Mailing Address 1225 Eye Street, NW Suite 1225 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Database & Website Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D446573 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
<hr/> Amount of Each Disbursement this Period <div>2550.00</div> <hr/> <div> <div>Category/Type</div> <div></div> </div>	
C. Full Name (Last, First, Middle Initial) Diamond Strategies <hr/> Mailing Address 4633 Talley Hill Lane <hr/> City Wilmington State DE Zip Code 19803 <hr/> Purpose of Disbursement Strategic Consulting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D446574 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
<hr/> Amount of Each Disbursement this Period <div>750.00</div> <hr/> <div> <div>Category/Type</div> <div></div> </div>	

SUBTOTAL of Disbursements This Page (optional)

3369.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Benchmark Strategies	Transaction ID: D446575 Date of Disbursement
Mailing Address 211 Uhler Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<div> <div>6000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Benchmark Strategies	Transaction ID: D446576 Date of Disbursement
Mailing Address 211 Uhler Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting Expenses Candidate Name	<div> <div>1350.72</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Benchmark Strategies	Transaction ID: D446569 Date of Disbursement
Mailing Address 211 Uhler Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 4 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<div> <div>6000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

13350.72

TOTAL This Period (last page this line number only)

20278.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Friends of Kent Conrad	Transaction ID: D446580 Date of Disbursement																				
Mailing Address P.O. Box 812	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Kent Conrad	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Stabenow for US Senate	Transaction ID: D446581 Date of Disbursement																				
Mailing Address PO Box 4945	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	1	0												
City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Debbie Stabenow	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) McCaskill for Missouri 2012	Transaction ID: D446582 Date of Disbursement																				
Mailing Address 700 13th Street, NW Suite 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Claire McCaskill	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address P.O. Box 1135	Transaction ID: D446583 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2010</div> </div>
City Helena State MT Zip Code 59624 Purpose of Disbursement Contribution Candidate Name Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) Webb for Senate Mailing Address PO Box 17427 City Arlington State VA Zip Code 22216 Purpose of Disbursement Contribution Candidate Name James Webb Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District:	Transaction ID: D446584 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address PO Box 8666 City Omaha State NE Zip Code 68108 Purpose of Disbursement Contribution Candidate Name Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: D446585 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Bob Casey for Senate, Inc.	Transaction ID: D446586 Date of Disbursement																				
Mailing Address 700 13th Street, NW Suite 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Bob Casey	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota 2012	Transaction ID: D446577 Date of Disbursement																				
Mailing Address PO Box 4146	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	1	0												
City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Amy Klobuchar	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: D446587 Date of Disbursement																				
Mailing Address P.O. Box 21093	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Benjamin L. Cardin	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
First State PAC

A. Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: D446578 Date of Disbursement
Mailing Address One Gateway Center Suite 520	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 1 0</div> </div>
City Newark State NJ Zip Code 07102	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Robert Menendez	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingaman	Transaction ID: D446588 Date of Disbursement
Mailing Address PO Box 16210	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 1 0</div> </div>
City Albuquerque State NM Zip Code 87191	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Jeff Bingaman	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Joe Lieberman	Transaction ID: D446579 Date of Disbursement
Mailing Address P.O. Box 231294	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 1 0</div> </div>
City Hartford State CT Zip Code 06123	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Joseph I. Lieberman	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

47500.00